

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 529778	RECEIPT DATE:	04 / 20 / 00
IA NUMBER:	PCT/ NL98 / 00602	IA FILING DATE:	10 / 20 / 98
FAMILY NAME:	BOONE	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	MARINUS MARIAS	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	10 / 20 / 97
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	BO 41592	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000466	TELEPHONE 7035212297
			FAX
NAME:	YOUNG & THOMPSON		
STREET:	745 SOUTH 23RD STREET 2ND FLOOR		
CITY:	ARLINGTON		
STATE/COUNTRY:	VA	ZIP:	22202
EMAIL:			
APPLICATION TITLES:	HEARING AID FOR IMPROVING THE HEARING ABILITY OF THE HARD OF HEARING		

TAB TO LAST POSITION,PUSH SEND